

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/24/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152527	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 10/22/2014
NAME OF PROVIDER OR SUPPLIER COMPREHENSIVE RENAL CARE VALPARAISO			STREET ADDRESS, CITY, STATE, ZIP CODE 606 LINCOLN WAY VALPARAISO, IN 46383		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{V 000}	<p>INITIAL COMMENTS</p> <p>This was a revisit for the ESRD Federal Recertification survey completed 9/26/14.</p> <p>Survey Dates were 10-21-14 and 10-22-14.</p> <p>Facility Number: 007208</p> <p>Medicaid Number: 200315330C</p> <p>Surveyor: Michelle Weiss RN MSN Public Health Nurse Surveyor</p> <p>In Center Hemodialysis Patients: 39 Home Peritoneal Patients: 4</p> <p>During this survey, one Condition for Coverage and 14 standard level deficiencies were found corrected.</p> <p>Comprehensive Renal Care Valparaiso was found to be in compliance with the Conditions for Coverage at 42 CFR 494.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN October 24, 2014</p>	{V 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.